

Ohio Environmental Protection Agency  
Deviation Reporting Form

Sig

TY NAME: BASF Corp.			
TY ID (PREMISE NUMBER): 02-47-04-0195			
TY ADDRESS: 120 Pine Street, Elyria, OH 44035			
e or most recent modification date: 07/27/01		Includes Permit Numbers – P0111903, P0116505, P0117027	
TERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate “N/A” below in the From and To if this report does include semiannual deviation reporting)	
07/01/2015	To: 09/30/2015	From: NA	To: NA
ages in <u>report</u> , including this one: 16 pages			
list any supporting attachments			
ng deadline: 10/31/12015			

NOTE: The deviation reporting period shall be stated in the following format: Axx/xx/xx through zz/zz/zz@ where xx/xx/xx and zz/zz/zz are the beginning and end dates for the deviation reporting period respectively.

**SIGNATURE FOR STATEMENT**

This statement shall be signed by the responsible official as defined in OAC rule 3745-77-01(GG). Making of any false material statement, representation or certification constitutes a violation of ORC 3704.05(H), and subjects the responsible party signing this statement to civil and/or criminal penalties as provided in ORC 3704.06(C) and ORC 3704.

**CERTIFICATION**

Based on information and belief formed after reasonable inquiry, I hereby affirm, as stated in OAC rule 3745-77-03(D), that the statements and information as transmitted in this Title V report are true, accurate and complete to the best of my knowledge.

TitleVDeviationReport

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ Title \_\_\_\_\_

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Section I- Page 1  
Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the "From" and "To" fields if this report does include semiannual deviation reporting)	
From: 07/01/2015	To: 09/30/2015	From: NA	To: NA
Reporting deadline: 10/31/2015			

Ohio Environmental Protection Agency  
Deviation Reporting

FACILITY NAME			
FACILITY ID (PREMISE NUMBER)			
FACILITY ADDRESS			
Issuance or most recent modification date			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate <b>AN/A@</b> below in the <b>AFr</b> this report does include semiannual deviation reporting)	
From:	To:	From:	To:
Reporting deadline			

SECTION I -

**704.05(H), PART I General Terms and Conditions (Permit Requirement Reporting) (Table1)**

*Mark the following box with an >X= if no General Terms and Conditions deviations occurred*

**THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART I OF THE TITLE V PERMIT DURING THE REPORTING PERIOD**

Add rows as necessary to the following table for reported deviations (one for each General Term as applicable; see detailed instructions for more information) **(Table2)**

PERMIT RM scription	Reporting Requirement (choose one)		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTION PREVENTATIVE MEASURE
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION		
				DATE / TIME START	DATE / TIME END			

Ohio Environmental Protection Agency  
Deviation Reporting

FACILITY NAME			
FACILITY ID (PREMISE NUMBER)			
FACILITY ADDRESS			
Issuance or most recent modification date			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate <b>AN/AQ</b> below in the <b>AFR</b> if this report does include semiannual deviation reporting)	
From:	To:	From:	To:
Reporting deadline			

PERMIT RM escription	Reporting Requirement (choose one)		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTION PREVENTATIVE MEASURE
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION		
				DATE / TIME START	DATE / TIME END			

## Ohio Environmental Protection Agency

## Section II- Page 1

## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 07/01/2015	To: 09/30/2015	From: NA	To: NA
Reporting deadline: 10/31/2015			

**Section II - Part II Facility-wide Permit Requirement Reporting****Insignificant Emissions Unit Negative Declarations (Table1)**

List each insignificant emissions unit where no deviations of any PTI terms or applicable requirements for the listed emissions unit occurred, or add rows as necessary to the deviation reporting table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

WERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II.A  
E V PERMIT:

Tray Dryers, Littleford mixer

HC-11 Tanks

Nitric Acid Dilution

ZR Sinter Furnace

Ammonia Stripper

Horne Tableting Machines

Kewanee Boiler, rated at 8.6 MMBTU/hr

Kewanee Boiler, rated at 8.6 MMBTU/hr

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 Section II- Page 2  
 Deviation Reporting

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<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
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Reporting deadline: 10/31/2015			

WERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II.A  
 E V PERMIT:

Kewanee Boiler, rated at 8.6 MMBTU/hr  
 Kewanee Boiler, rated at 8.6 MMBTU/hr  
 Building 27 Spin Flash Dryer

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Section II- Page 3  
Deviation Reporting

FACILITY NAME: BASF Corp.			
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From: 07/01/2015	To: 09/30/2015	From: NA	To: NA
Reporting deadline: 10/31/2015			

**Facility-wide Permit Requirements Terms and Conditions (Permit Requirement Reporting) - Negative Declarations** (mark with an >X= if applicable) **(Table 2)**

THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART II OF THE TITLE V PERMIT DURING THE REPORTING PERIOD SPECIFIED IN THIS REPORT

**Section II - Part II Facility-wide and/or IEU permit requirement (Permit Requirement Reporting) - Deviation Reporting (Table 3)**

Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more information)

Description of the Event	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S)  (If no reports were made, state NO REPORTS in the space below)	MALFUNCTION WRITTEN REPORT DATE  (If no reports state NO REPORTS in the space below)	
	Quarterly	Semi- Annual		DEVIATION DURATION							DESCRIPTION AND MAGNITUDE OF THE DEVIATION
				DATE / TIME START	DATE / TIME END						



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Section II- Page 4  
Deviation Reporting

FACILITY NAME: BASF Corp.			
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Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 07/01/2015	To: 09/30/2015	From: NA	To: NA
Reporting deadline: 10/31/2015			

Description of IEU T as for	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <del>NO</del> REPORTS@ in the space below)	MALFUNCTION WRITTEN REPORT DATE (If no reports state <del>NO</del> R in the space below)	
	Quarterly	Semi- Annual		DEVIATION DURATION							DESCRIPTION AND MAGNITUDE OF THE DEVIATION
				DATE / TIME START	DATE / TIME END						

## Ohio Environmental Protection Agency

## Section III- Page 1

## Deviation Reporting

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From: 07/01/15	To: 09/30/15	From: NA	To: NA
Reporting deadline: 10/31/15			

## Ohio Environmental Protection Agency

## Section III- Page 1

## Deviation Reporting

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From: 07/01/15	To: 09/30/15	From: NA	To: NA
Reporting deadline: 10/31/15			

**Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Negative Declarations (Table 1)**

List each emissions unit where no deviations of any terms for the listed emissions unit occurred, or add rows as necessary to the second table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART III OF THE TITLE V PERMIT FOR THE FOLLOWING LISTED EMISSIONS UNITS:

Emissions Unit ID	Please place an >X= below if there were no Quarterly Deviations - If an >X= is not indicated, the deviation(s) must be identified in Table2 below	If applicable, please place an >X= below if there were no Semiannual Deviations - If an >X= is not indicated, the deviation(s) must be identified in Table2 below
	X	X
	X	X
	X	X
		X
		X
	X	X

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## Deviation Reporting

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From: 07/01/15	To: 09/30/15	From: NA	To: NA
Reporting deadline: 10/31/15			

	X	X
		X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X

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## Deviation Reporting

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From: 07/01/15	To: 09/30/15	From: NA	To: NA
Reporting deadline: 10/31/15			

	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
		X

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## Deviation Reporting

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Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 07/01/15	To: 09/30/15	From: NA	To: NA
Reporting deadline: 10/31/15			

	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
		X
		X
	X	X

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
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Reporting deadline: 10/31/15			

	X	X

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## Deviation Reporting

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From: 07/01/15	To: 09/30/15	From: NA	To: NA
Reporting deadline: 10/31/15			

**Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Deviation Reporting (Table2)**

Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more information) - Please group deviations for each emissions unit that has deviations of multiple terms.

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <u>NO</u> REPORTS in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <u>NO</u> REPORTS in the space below)
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6" WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	8/28/15 0900	8/31/15 0100	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed, calciner taken offline	No	No	



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## Deviation Reporting

FACILITY NAME: BASF Corp.			
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Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 07/01/15	To: 09/30/15	From: NA	To: NA
Reporting deadline: 10/31/15			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MA
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6" WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	8/28/15 0900	8/31/15 0100	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed , calciner taken off line	No	No	

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## Deviation Reporting

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From: 07/01/15	To: 09/30/15	From: NA	To: NA
Reporting deadline: 10/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
1)	B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	8/3/15 1600	8/4/15 0300	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
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Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 07/01/15	To: 09/30/15	From: NA	To: NA
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s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <b>NO</b> REPORTS@ in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
1)	B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	8/5/15 0200	8/5/15 1800	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
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Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To boxes if this report does include semiannual deviation reporting)	
From: 07/01/15	To: 09/30/15	From: NA	To: NA
Reporting deadline: 10/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
1)	B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	8/8/15 1700	8/9/15 0900	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	

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Reporting deadline: 10/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
1)	B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	8/10/15 0000	8/10/15 1500	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	

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## Deviation Reporting

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From: 07/01/15	To: 09/30/15	From: NA	To: NA
Reporting deadline: 10/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
1)	B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	8/19/15 0200	8/25/15 0500	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed, calciner taken off line	No	No	the

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From: 07/01/15	To: 09/30/15	From: NA	To: NA
Reporting deadline: 10/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
1)	B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	8/26/15 0900	8/28/15 0000	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed, calciner taken off line	No	No	the

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 07/01/15	To: 09/30/15	From: NA	To: NA
Reporting deadline: 10/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <b>NO REPORTS</b> in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
1)	B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	9/17/15 1800	9/20/15 2000	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed, calciner taken off line	No	No	
	C.I.d.3.b –A pressure drop range of 1-5 inches of water across the second stage of the TriMer caustic scrubber	X		Shift pressure readings	9/24/15 2100	9/25/15 2100	Pressure reading below 1"	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	



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## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 07/01/15	To: 09/30/15	From: NA	To: NA
Reporting deadline: 10/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
er	B.II.2-The pressure drop across the scrubber shall be maintained at a value of not less than 2 while the emissions unit is in operation	X		Daily pressure drop readings across the scrubber	8/31/15 0100	08/31/15 0200	ΔP readings below 2 "WC	Low flow	Adjusted	No	No	No
er	B.II.2-The pressure drop across the scrubber shall be maintained at a value of not less than 2 while the emissions unit is in operation	X		Daily pressure drop readings across the scrubber	9/2/15 0400	9/3/15 0200	ΔP readings below 2 "WC	Low flow	Adjusted	No	No	No

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## Deviation Reporting

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FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 07/01/15	To: 09/30/15	From: NA	To: NA
Reporting deadline: 10/31/15			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <b>NO REPORTS</b> in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <b>NO REPORTS</b> in the space below)
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
C (d)3-4.1-Pressure Drops	X		Continuous Monitoring	7/20/15 1230	7/20/15 1300	ΔP readings above requirements	Clogged filter	Filter cleaned	No	No	No
C (d)3-4.1-Pressure Drops	X		Continuous Monitoring	7/27/15 1230	7/27/15 1330	ΔP readings above requirements	Clogged filter	Filter cleaned	No	No	No
C (d)3-4.1-Pressure Drops	X		Continuous Monitoring	8/9/15 0549	8/9/15 0813	ΔP readings above requirements	Clogged filter	Filter cleaned	No	No	No

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
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FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 07/01/15	To: 09/30/15	From: NA	To: NA
Reporting deadline: 10/31/15			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS in the space below)
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION						
				DATE/TIME START	DATE/TIME END							
B.8.a - Visible emissions from capture systems	X		Daily visual inspections	7/20/15 1500	04/03/15 1520	Visible emissions	Overfill K- tron	Release vacuumed up	No	No		
B.8.a - Visible emissions from capture systems	X		Daily visual inspections	7/22/15 1350	04/03/15 1410	Visible emissions	Valve not closed	Release vacuumed up valve closed	No	No		
B.8.a - Visible emissions from capture systems	X		Daily visual inspections	7/27/15 0300	7/27/15 0500	Visible emissions	K-tron leaking from duct hood	Release vacuumed up hood fixed	No	No		

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## Deviation Reporting

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QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From/To boxes if this report does include semiannual deviation reporting)	
From: 07/01/15	To: 09/30/15	From: NA	To: NA
Reporting deadline: 10/31/15			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
B.8.a - Visible emissions from capture systems	X		Daily visual inspections	7/27/15 0900	7/27/15 1100	Visible emissions	K-tron leaking from duct hood	Release vacuumed up hood fixed	No	No	
B.8.a - Visible emissions from capture systems	X		Daily visual inspections	7/27/15 0900	7/27/15 1100	Visible emissions	Mixer leaking	Collection valve opened	No	No	
B.8.a - Visible emissions from capture systems	X		Daily visual inspections	8/14/15 0530	8/14/15 0550	Visible emissions	Loose bolt	Release vacuumed up bolt tightened	No	No	

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## Deviation Reporting

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QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 07/01/15	To: 09/30/15	From: NA	To: NA
Reporting deadline: 10/31/15			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <del>NO</del> REPORTS in the space below)	MA
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
3.d.3.b – Pressure drop across the dust collector shall not be less than 1" of water	X		Daily pressure drop readings	7/27/15 0300	7/27/15 2400	Pressure drop less than 1"	Insufficient air flow to dust collector	Increased airflow	No	No	
3.d.3.b – Pressure drop across the dust collector shall not be less than 1" of water	X		Daily pressure drop readings	7/30/15 1045	8/10/15 1000	Pressure drop less than 1"	Insufficient air flow to dust collector	Increased airflow	No	No	

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## Deviation Reporting

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<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To boxes if this report does include semiannual deviation reporting)	
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	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
3.d.3.b – Pressure drop across the dust collector shall not be less than 1" of water	X		Daily pressure drop readings	8/13/15 1025	8/16/15 1145	Pressure drop less than 1"	Insufficient air flow to dust collector	Increased airflow	No	No	

See page 3 of the instructions at **SECTION III ADDITIONAL DETAILED INSTRUCTIONS FOR COMPLETING A DEVIATION REPORTING TABLE** for guidance on this table.